

## Consolidated Grant Program Award Acceptance Form

**This form must be completed and returned to OEMS.  
Retain a copy for your records**

*This form can be mailed or faxed.*

I, as the Authorized Agent, affirm that the grantee agrees to abide by all items listed in the Consolidated Grant Program Award Guidelines & Requirements, and by signing below attests to this fact.

Any fraudulent submissions for payment (or misrepresentations of any kind) will be considered sufficient cause for grant revocation, repayment and possible prosecution of both the Grantee and the Authorized Agent, whose name appears below.

Award may include a condition or conditions. Conditions must be met in order to receive grant funds. If conditions are not met, award is at risk of being revoked.

<b>Name of Grantee (Agency)</b>	
<b>Grant Number</b>	
<b>Daytime Phone No.</b>	
<b>E-mail address (if available)</b>	
<b>Federal Identification Number (FIN)</b>	Failure to provide Federal Identification number will result in a delay in the processing of your reimbursement.
<b>Date Executed</b>	
<b>Name and Title of Authorized Agent</b>	
<b>Signature of Authorized Agent</b>	